



Private Swim Lesson Request/Registration Form

Circle the days that are convenient to have lessons: Sun M T W Th F

List times that you are available on these days _____ Preferred Start Date: / /

Name: _____ Phone: H ()

Email: _____ C ()

Home Address: _____

Does the swimmer have any special needs? _____

Instructor Requested: _____

Submit completed form to:

Matt Karpinecz Aquatics Director mkarpinecz@yjcc.org fax: 201-664-7518

or to the front desk to be put in Matt's mailbox.

YJCC 605 Pascack Rd. Township of Washington, NJ 07676

An instructor who meets your schedule requirements will call to set up a start date. There may be a wait list.
Payment section should be completed on first day of class.

Classes and Fees

Class (all are 30 min)	Number of Classes	YJCC Member Fee	Non-Member Fee	Code (53014)
Private	5	\$190	\$250	5__
Private	10	\$330	\$380	10__
Semi-Private (2 participants)	5	\$160/pp	\$210 /pp	52__
Semi-Private (2 participants)	10	\$240/pp	\$275 /pp	102__
Private Group (3 or more part.)	8	\$126/pp	\$176 /pp	PG1__

Swimmer's Name: _____ Age: ____ Class: _____ Amt of Classes: _____ \$ _____ Code: _____

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Total \$ _____

Payment by:

Check # _____ for \$ _____ (payable to Bergen County Y, a JCC)

Cash in the amount of \$ _____

Charge \$ _____ to my: Visa MasterCard AmEx Discover

Card # _____ - _____

Exp. Date ____/____ Billing St. # and Zip _____ (CVV)

Signature (required if a charge): _____

**Payment must be completed at the first class.
Please notify your instructor if you cannot make it to class.**

By registering for this program, I hereby waive, release and forever discharge the Bergen County Y, a JCC and its officers, agents, employees, representatives and successors from any and all liability from injuries or damages resulting thereof. I agree that any photographs taken of me or my family may be used for publicity by the Bergen County Y, a JCC. Please reference a current program guide for refund and other policies. 9/11-8/12